

PTO/SB/52 (02-01)

Approved for use through 01/31/2004, OMB 0551-0033  
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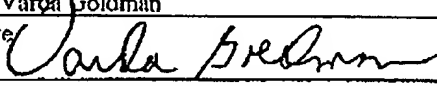
<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (optional) 0200107R
I hereby declare that: My residence and mailing address and citizenship are stated below next to my name. I am authorized to act on behalf of the following assignee: <u>PCTEL, Inc.</u> and the title of my position with said assignee is: <u>Vice President / General Counsel</u> The entire title to the patent identified below is vested in said assignee.		
Name of Patentee(s): <u>Bjarnason, et al.</u>		
Patent Number <u>5,914,982</u>	Date of Patent Issued <u>June 22, 1999</u>	
Title of Invention <u>Method and Apparatus for Training Linear Equalizers in a PCM Modem</u>		
I believe said patentee(s) to be the original, first and sole/joint inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled <u>Method and Apparatus for Training Linear Equalizers in a PCM Modem</u> the specification of which <input type="checkbox"/> is attached hereto. <input checked="" type="checkbox"/> was filed on <u>May 4, 2001</u> as reissue application number <u>09 / 849,501</u> and was amended on <u>December 12, 2002; August 25, 2004; and May 31, 2005</u> (If applicable)		
I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.) <input type="checkbox"/> by reason of a defective specification or drawing. <input checked="" type="checkbox"/> by reason of the patentee claiming more or less than he had the right to claim in the patent. <input type="checkbox"/> by reason of other errors.		
At least one error upon which reissue is based is described as follows:		
The original patent to be partly invalid or inoperative by reason of the patentee claiming less than the patentee had a right to claim in the patent. [Attach additional sheets, if needed.]		
All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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<b>REISSUE APPLICATION DECLARATION BY THE ASSIGNEE</b>		Docket Number (Optional) 0200107R	
I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the United States Patent and Trademark Office connected therewith.			
Name(s)		Registration Number	
Farshad Farjami		41,014	
Michael Farjami		38,135	
Correspondence Address: Direct all communications about the application to:			
<input checked="" type="checkbox"/> Customer Number		<div style="border: 1px solid black; padding: 5px; display: inline-block;">25700</div> <div style="display: inline-block; vertical-align: middle; margin-left: 10px;">→</div> <div style="border: 1px solid black; padding: 5px; display: inline-block; text-align: center;">         Place Customer Number Bar Code Label Here       </div>	
OR Type Customer Number Here			
<input checked="" type="checkbox"/> Firm or Individual Name		Farshad Farjami Farjami & Farjami LLP	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.			
Full name of person signing (given name, family name) Varda Goldman			
Signature		Date	
		June 2, 2005	
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<input checked="" type="checkbox"/> Additional Patentees are named on separately numbered sheets attached hereto.			

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Attachment to Reissue Application Declaration by the Assignee  
(Additional Patentee Name)

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